

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 56863

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2					
5	2					
6	2					
7	2					
8	(1)					
9	(1)					
10	(1)					
11	(1)					
12	(1)					
13	(1)					
14	1					
15	1					
16	2					
17	(1)					
18	(1)					
19	(1)					
20	(1)					
21	(1)					
22	(1)					
23	(1)					
24	(1)					
25	(1)					
26	(1)					
27	(1)					
28	(1)					
29	(1)					
30	(1)					
31	(1)					
32	(1)					
33	(1)					
34	(1)					
35	(1)					
36	(1)					
37	(1)					
38	(1)					
39	(1)					
40	(1)					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	44	←	←	←	←	←
TOTAL CLAIMS	48	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]